

GENERAL INFORMATION: DS 1970 WAP

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right hand corner of the worksheet.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.

You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.

FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center as an email attachment or on a CD ROM use the following naming standard: Each file must start with the designation of "J" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: J372-JA04 is Form DS 1970 WAP for provider ID# 372 for January 2004.

Date: Enter the date the form was completed. Enter date as mm/dd/yy.

WORK ACTIVITY PROGRAM (General Information)**Provider (Regional Center Vendor) INSTRUCTIONS:**

Provider Name: Enter the name of the agency as vendored by the regional center.

DDS Provider #: Enter the vendor number assigned to the agency by the regional center.

DOR Facility Number: Enter the facility's numeric code assigned by the Department of Rehabilitation.

Doing Business As: Enter a name if the provider uses one different than the name the regional center vendored for habilitation services.

Service Codes Vendored to Provide: Enter each service code for which the provider will be providing services.

Program Address: Enter the address where the program is being conducted. (May be different from business/administrative address.)

Program Contact Person: Enter the program contact person's name.

Program Phone Number: Enter the program's telephone number. Enter telephone number as XXX XXX-XXXX.

Administrative Information (If different from above)

Administrative Address: Enter the address from where the program is being administered.

Administrative Contact: Enter the program administrative contact person's name.

Administrative Phone: Enter the program's administrative telephone number. Enter telephone number as XXX XXX-XXXX.

Administrative E-mail: Enter the program's administrative electronic mail address.

Accreditation/Certification Information

DOR Certification Expiration Date (if applicable): Enter the date that the Department of Rehabilitation's certification expires. Enter date as mm/dd/yy.

CARF Accreditation Expiration Date (if applicable): Enter the date the program's CARF accreditation expires. Enter date as mm/dd/yy.

Length of Last CARF Accreditation: Enter in years the amount of time the program has been accredited. (I.e. 1 year or 3 years.)

WORK ACTIVITY PROGRAM SPECIFIC INFORMATION INSTRUCTIONS

Vendoring Regional Center: Enter the abbreviation for the regional center (see attached list) which authorized services for the consumer.

Utilizing Regional Centers: (list all) Enter the abbreviation for all regional centers (see attached list) which are utilizing services for the consumer.

Utilizing DOR Districts: (list all) Enter the numerical code for DOR districts. (see attached list)

Program Day: Enter data pertaining to the consumer's day in the following four items. **Do not enter data in this field.**

Start time: Enter the time the consumer started the work day. Use the 24 hour clock to denote time. (see attached list)

Stop time: Enter the time the consumer stopped the work day. Use the 24 hour clock to denote time. (see attached list)

Lunch Break Length: Enter the length of time the consumer used as a lunch period. (e.g., 1 hour = 1, 45 mins. = .75)

Total Program Hours: Enter the total hours the consumer is in the program each day.

Number of Consumers Currently Funded by Habilitation Services: Enter the number of consumers receiving funding through Habilitation Services for the program.

Number of Consumers Currently Funded by VR/WAP: Enter the number of consumers receiving funding through VR/WAP in the program.

Other Funding Srcs (e.g., School/Transition Programs): Enter other funding sources utilized for the program.

Provider's Average of Consumer's Percentage of Paid Work (Specific 3 months): Enter the average percentage of paid work the consumer participated in during the program day. Use 3 months of data to calculate the average of paid work.

Provider's Average of Consumer Productivity (same 3 months): Enter the average consumer's productivity during the program day. Calculate using the same 3 months to determine the average of the consumer's percentage of paid work.

Provider's Average of Consumer Wages (same 3 months): Enter the average consumer's wage during the program day. Calculate the same 3 months to determine the average of the consumer's percentage of paid work.

Provider's Number of Consumers with Productivity Less than 10 Percent (same 3 months): Enter the provider's number of consumers with productivity less than 10 percent during the program day. Calculate the same 3 months to determine the average of the consumer's percentage of paid work.

Languages Spoken by Consumer Supervisors: List all the languages the supervisors speak.

Number of Supervisors Over Consumers: Enter the number of supervisors supervising consumers in the program.

Number of Consumers Each Supervisor Supervises: This is the average number of consumers each supervisor is supervising in the program. The data is calculated by data entered into the Number of Consumers currently funded by Habilitation Services and the Number of Supervisors over Consumers fields. **Do not enter data in this cell.**

List Types of Contract Work (e.g. Mail Services, Packaging, Assembly, etc.): Enter the type of contract work available through the program.

Other DOR Provided Services (e.g., Personal Vocational Social Adjustment, Work Evaluation, etc.): Enter the type of other DOR provided services available through the program.

Other Regional Center Vendored Services (e.g. DTAC, Social Recreational, etc.): Enter the type of other Regional Center vendor services available through the program.

Provide a brief narrative of the program's philosophy and services provided to help consumers maximize their vocational skills. (Self Explanatory)

Regional Center ID #:		
Code	ABBRV	RC NAME
360	FDLRC	Frank D. Lanterman Regional Center
361	GGRC	Golden Gate Regional Center
362	SDRC	San Diego Regional Center
363	FNRC	Far Northern Regional Center
364	ACRC	Alta California Regional Center
365	SARC	San Andreas Regional Center
366	TCRC	Tri-Counties Regional Center
367	CVRC	Central Valley Regional Center
368	RCOC	Regional Center of Orange County
369	IRC	Inland Regional Center
370	RCRC	Redwood Coast Regional Center
371	NBRC	North Bay Regional Center
372	KRC	Kern Regional Center
373	ELARC	East Los Angeles Regional Center
374	SCLARC	South Central Los Angeles Regional Center
375	HRC	Harbor Regional Center
376	WRC	Westside Regional Center
377	VMRC	Valley Mountain Regional Center
378	NLACRC	North Los Angeles County Regional Center
379	SGPRC	San Gabriel/Pomona Regional Center
380	RCEB	Regional Center of the East Bay

DOR Vocational Rehabilitation (VR) ID #:

2218	VR	DOR Vocational Rehabilitation
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Department of Rehabilitation Districts

Director's Office 001

Employee Prep Services North Division	061
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Santa Rosa	110
Ukiah	110-01
Napa	110-02
Crescent City	110-03
San Rafael	110-04
Eureka	110-05
Lakeport	110-06

Chico	120
Woodland	120-01
Redding	120-02
Yreka	120-03
Yuba City	120-04
Susanville	120-05
Grass Valley	120-06
Red Bluff	120-07
Modoc	120-08

Sacramento	130
South Lake Tahoe	130-01

Employee Prep Services South Division	031
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Inland Empire	340
Corona	340-01
Hemet	340-02
El Centro	340-03
Palm Desert	340-04
Blythe	340-05
Temecula	340-07
San Bernardino	340-08
Upland	340-09
Fontana	340-10
Victorville	340-11

San Diego	350
Downtown	350-01
North City Inland	350-02
North City Coastal	350-03
East City	350-04
South City	350-05
Laguna Hills	350-08

Northeast	130-02
South Sacramento	130-03
Auburn	130-04
Placerville	130-05
Roseville	130-13
Elk Grove	130-15
Midtown	130-16

Fresno	150
Merced	150-01
Visalia	150-04
Bakersfield SW	150-07
Central Bakersfield	150-08
University/Clovis	150-09
Ridgecrest	150-10

Mt. Diablo Delta	210
Antioch	210-01
Richmond	210-02
Fairfield	210-03
Vallejo	210-04
Stockton	210-05
Modesto	210-06
Sonora	210-07

Oakland	220
Fremont	220-01
Hayward	220-02
Berkeley	220-03

San Francisco	230
Menlo Park	230-02
San Bruno	230-03
San Mateo	230-04

San Jose	250
Mountain View	250-03
Salinas	250-04
Capitola	250-05
Monterey	250-06
Gilroy	250-09
Peidmont Hills	250-10

Santa Barbara	320
Thousands Oaks	320-01
Oxnard-Ventura	320-02
Santa Maria	320-03
San Luis Obispo	320-04

Van Nuys/Foothill	410
Canoga Park	410-01
Glendale	410-02
Granada Hills	410-03
Pasadena	410-04
Santa Clarita	410-05
Lancaster	410-06

Greater Los Angeles	440
Santa Monica	440-02
Culver City	440-03
Westchester	440-04
City of Commerce	440-05
City of Los Angeles	440-06
East Los Angeles	440-07
Norwalk	440-08

Los Angeles South Bay	530
Bay Cities	530-01
Crenshaw-West Adams	530-02
Gardena	530-03
Bell	530-09
Carson	530-10
Compton	530-11
Long Beach	530-12

Orange/San Gabriel	550
Santa Ana	550-01
El Monte	550-07
Whittier	550-09
West Covina	550-10
Fountain Valley	550-11

Time Designations:					
AM					
Midnight	0	4:00	4	8:00	8

12:15	0.25	4:15	4.25	8:15	8.25
12:30	0.5	4:30	4.5	8:30	8.5
12:45	0.75	4:45	4.75	8:45	8.75
1:00	1	5:00	5	9:00	9
1:15	1.25	5:15	5.25	9:15	9.25
1:30	1.5	5:30	5.5	9:30	9.5
1:45	1.75	5:45	5.75	9:45	9.75
2:00	2	6:00	6	10:00	10
2:15	2.25	6:15	6.25	10:15	10.25
2:30	2.5	6:30	6.5	10:30	10.5
2:45	2.75	6:45	6.75	10:45	10.75
3:00	3	7:00	7	11:00	11
3:15	3.25	7:15	7.25	11:15	11.25
3:30	3.5	7:30	7.5	11:30	11.5
3:45	3.75	7:45	7.75	11:45	11.75

PM					
Noon	12	4:00	16	8:00	20
12:15	12.25	4:15	16.25	8:15	20.25
12:30	12.5	4:30	16.5	8:30	20.5
12:45	12.75	4:45	16.75	8:45	20.75
1:00	13	5:00	17	9:00	21
1:15	13.25	5:15	17.25	9:15	21.25
1:30	13.5	5:30	17.5	9:30	21.5
1:45	13.75	5:45	17.75	9:45	21.75
2:00	14	6:00	18	10:00	22
2:15	14.25	6:15	18.25	10:15	22.25
2:30	14.5	6:30	18.5	10:30	22.5
2:45	14.75	6:45	18.75	10:45	22.75
3:00	15	7:00	19	11:00	23
3:15	15.25	7:15	19.25	11:15	23.25
3:30	15.5	7:30	19.5	11:30	23.5
3:45	15.75	7:45	19.75	11:45	23.75

Month Designations:							
January	JA	April	AP	July	JL	October	OC
February	FE	May	MY	August	AG	November	NO
March	MR	June	JN	September	SE	December	DE